

## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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24628 7590 06/04/2004

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Gerald T. Shekleton	(Depositor's name)
<i>Gerald T. Shekleton</i>	(Signature)
September 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/697,390	10/30/2003	Antonio Pasquale	90893	7471

TITLE OF INVENTION: METHOD FOR WATER DENITRIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARRY, CHESTER T	1724	502-007000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SUD Chemie MT S.R.L.

Milano, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-0920 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*Gerald T. Shekleton*

9/2/04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

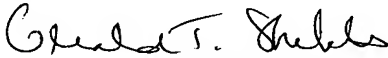
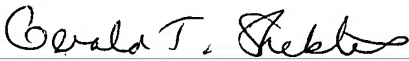
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09/08/2004 RHEBRAH1 00000162 10697390

01 FC:1501  
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TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 90893	
Applicant(s): Pasquale et al.					
Application No. 10/697,390	Filing Date October 10, 2003	Examiner Chester T. Barry	Customer No. 24628	Group Art Unit 1724	Confirmation No. 7471
Invention: METHOD FOR WATER DENITRIFICATION					
<p style="text-align: center;">Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith are the following for the above-identified application.</p> <p><input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85</p> <p><input checked="" type="checkbox"/> Utility Fee: \$ 1330.00    <input type="checkbox"/> Design Fee: _____    <input type="checkbox"/> Plant Fee: _____</p> <p><input checked="" type="checkbox"/> Publication Fee: \$ 300.00</p> <p><input checked="" type="checkbox"/> A check in the amount of \$1,630.00 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 23-0920 as described below.</p> <p>    <input type="checkbox"/> Charge the amount of _____</p> <p>    <input checked="" type="checkbox"/> Credit any overpayment.</p> <p>    <input checked="" type="checkbox"/> Charge any additional fee required.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p style="text-align: center;"> _____ Signature</p> <p style="text-align: right;">Dated: September 2, 2004</p> <p>Gerald T. Shekleton Reg. No. 27,466 WELSH &amp; KATZ, LTD. 120 South Riverside Plaza 22nd Floor Chicago, Illinois 60606 (312) 655-1500</p> <p>CC:</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p style="text-align: center;"><b>Certificate of Transmission by Facsimile</b> This certificate may only be used if paying by deposit account.</p><div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax _____) on _____</p><p style="text-align: center;">Date</p><p style="text-align: center;">_____ Signature</p><p style="text-align: center;">_____ Typed or Printed Name of Person Signing Certificate</p></div></div><div style="width: 45%;"><p style="text-align: center;"><b>Certificate of Mailing by First Class Mail</b></p><div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8September 2, 2004</p><p style="text-align: center;">(Date)</p><p style="text-align: center;"> _____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">Gerald T. Shekleton</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div></div>					